

# **SUPERVISOR'S INCIDENT INVESTIGATION REPORT**

Date: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Wage Rate: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Place of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Date Incident Reported: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Who was Notified? \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe damage to equipment or property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As you reviewed the facts, what caused this Incident? \_\_\_\_\_

\_\_\_\_\_

What action has been or will be taken to prevent recurrence? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Persons Involved: \_\_\_\_\_

Signature of Reporting Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_